

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000239

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

62

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Columbia

Length of stay in 1b
42 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1506 Patsy Lane

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Boone

c. CITY OR TOWN Columbia Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1506 Patsy Lane Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First Middle Last
WALTER HARRIS FORBIS

4. DATE OF DEATH Month Day Year
January 24, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-18-1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Poultry Market

10b. KIND OF BUSINESS OR INDUSTRY

Poultry Market

11. BIRTHPLACE (City and state or country)

Boone Co., Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Felix Grundy Forbis

13b. MOTHER'S MAIDEN NAME

Martha Blanche Zumwalt

14. NAME OF HUSBAND OR WIFE

Bertha Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address

Mrs. Walter H. Forbis, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary artery occlusion

INTERVAL BETWEEN ONSET AND DEATH
immediate

DUE TO (b)

Arteriosclerotic heart disease

years

DUE TO (c)

Congestive heart failure

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary emphysema & diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1958 to 1-24-63 and last saw her alive on Jan. 23, 1963
Death occurred at 8:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1502 E. Broadway
Columbia, Missouri

22c. DATE SIGNED

1/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Columbia, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 26 1963

26. REGISTRAR'S SIGNATURE

Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

6109

20109

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94200

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12 90-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Alhambra Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.